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**FAX TRANSMISSION****DATE:** June 22, 2007**PTO IDENTIFIER:** Application Number 10/643,404-Conf. #3999  
Patent Number**Inventor:** Takayuki Tanaka et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Dwight D. Kim, Ph.D.

**PHONE:** (617) 517-5515**Attorney Dkt. #:** 59753 (48185)**PAGES (Including Cover Sheet):** 14**CONTENTS:** Amendment Transmittal (1 page);  
Amendment (6 pages), including copy of Saini, A. K. et al Pharmacological Research (2006) (5 pages) (totaling 11 pages);  
Certificate of Transmission (1 page).

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PTO/SB/97 (09-04)

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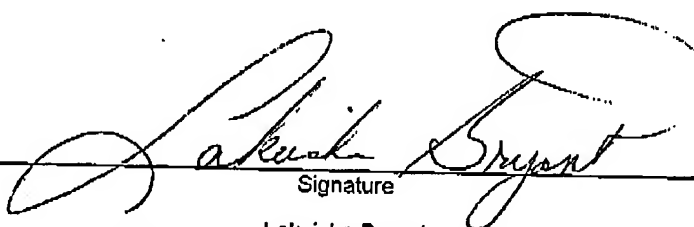
Application No. (if known): 10/643,404

Attorney Docket No.: 59753(48185)

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Amendment Transmittal (1 page);

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Pharmacological Research (2006) (5 pages) (totaling 11 pages).

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AMENDMENT TRANSMITTAL LETTER				Docket No. 59753 (48185)	
Application No. 10/643,404-Conf. #3999	Filing Date August 18, 2003	Examiner B. Y. S. Kwon	Art Unit 1614		
Applicant(s): Takayuki Tanaka et al.					
Invention: MEDICAMENT FOR PREVENTION AND/OR THERAPY OF ARTERIAL WALL DISORDER					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	4	- 20 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input checked="" type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dwight D. Kim, Ph.D. Attorney/Agent Reg. No.: 57,665  EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5588				Dated: <u>June 22, 2007</u>	

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Docket No.: 59753 (48185)  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Takayuki Tanaka et al.

Application No.: 10/643,404

Confirmation No.: 3999

Filed: August 18, 2003

Art Unit: 1614

For: MEDICAMENT FOR PREVENTION AND/OR  
THERAPY OF ARTERIAL WALL DISORDER

Examiner: B. Kwon

**AMENDMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated March 22, 2007 (the "Action"), please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.